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UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
SELECT A DIVISION DIVISION

Sheila Corbin ^{phon #} 617-721-9854

3'16 CV 1659-JE
Civil Case No.
(to be assigned by Clerk of the Court)

(Enter full name of plaintiff(s))

Plaintiff(s),

v.

Portland Community College

(Enter full name of ALL defendant(s))

Defendant(s).

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, Sheila Corbin, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions:

1. Are you currently incarcerated? ☐ Yes ☒ No

If "Yes" state the place of your incarceration: _____

If "Yes" and you are filing a civil action, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed? ☒ Yes ☐ No ☐ Self-employed

a. If the answer is "Yes," state:

Employer's name: Portland Community College

Employer's address: 17705 NW Springville Rd. Portland, OR 97229

Amount of take-home pay or wages: \$ 500 per week (specify pay period)

b. If the answer is "No," state:

Name of last employer: Vancouver, WA Public Schools

Address of last employer: Human Resources

Date of last employment: May 2013

Amount of take-home salary or wages: \$ 132 per day (specify pay period)
on-call basis

3. Is your spouse employed? ☐ Yes ☐ No ☐ Self-employed ☒ Not applicable

a. If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

b. Do you have access to your spouse's funds to pay the filing fee in this case? ☐ Yes ☐ No

Please explain your response below:

c. If your spouse's income or assets are available to you to pay the filing fee in this case, would your spouse have enough money left to pay for his or her own expenses?

☐ Yes ☐ No If the answer is "No," please explain below:

4. In the past 12 months have you received any money from any of the following sources?

a. Business, profession or other self-employment ☒ Yes ☐ No

If "Yes," state: Amount received: \$ -1635 (negative)

Amount expected in future: \$ unknown

b. Rent payments, interest, or dividends ☒ Yes ☐ No

If "Yes," state: Amount received: \$ -1,180 (negative)

Amount expected in future: \$ _____

- c. Pensions, annuities, or life insurance payments ☐ Yes ☒ No
 If "Yes," state: Amount received: \$ _____
 Amount expected in future: \$ _____
- d. Disability or workers compensation payments ☐ Yes ☒ No
 If "Yes," state: Amount received: \$ _____
 Amount expected in future: \$ _____
- e. Gifts or inheritances ☐ Yes ☒ No
 If "Yes," state: Amount received: \$ _____
 Amount expected in future: \$ _____
- f. Any other sources ☐ Yes ☒ No
 If "Yes," state: Source: _____
 Amount received: \$ _____
 Amount expected in future: \$ _____
5. Do you have cash or checking or savings accounts? ☒ Yes ☐ No
 (including prison trust accounts)?
 If "Yes," state the total amount: \$500
6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☐ No
 If "Yes," describe the asset(s) and state the value of each asset listed.
Real Estate : \$100,000
Automobile : 1991 Honda Accord - \$0
7. Do you have any other assets? ☐ Yes ☒ No
 If "Yes," list the asset(s) and state the value of each asset listed.

8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? ☒ Yes ☐ No

If "Yes," describe and provide the amount of the monthly expense.

Rent - \$1300
 Car - \$200
 Home Depot - \$350
 Bank of America - \$250
 Medical bills - \$300
 Dental Bill - \$80

9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

10. Do you have any debts or financial obligations? ☒ Yes ☐ No

If "Yes," describe the amounts owed and to whom they are payable.

IRS - \$6000
 Washington County taxes - \$10,000

If I am incarcerated, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint in accordance with 28 U.S.C. § 1915(b).

I declare under penalty of perjury that the above information is true and correct.

8-16-16
 DATE


 SIGNATURE OF APPLICANT

Sheila Carbin
 PRINTED NAME OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration.)

I certify that the applicant named herein has the sum of \$_____ on account to his/her credit at _____ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$_____. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$_____.

I have attached a certified copy of the applicant's trust account statement showing the transactions for the past six months.

DATE

SIGNATURE OF AUTHORIZED OFFICER